

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF SELECTION SERVICES

ASSOCIATE PERSONNEL ANALYST

SUPPLEMENTAL APPLICATION EXAMINATION

Please read and follow these instructions carefully.

Your application for the above named examination has been accepted. This examination will consist of the attached Supplemental Application questionnaire, which will be used to evaluate your knowledge, experience, education, and training as they relate to the **Associate Personnel Analyst** classification. The information you provide on this Supplemental Application will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. If successful, your name will be merged **onto a Departmental Promotional List for this class based on your final score.**

Do not attach any additional documents to this Supplemental Application or send any forms/documents in advance as additional documents will **not** be rated. This Supplemental Application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as **missing or incomplete information may delay the processing of your examination.**

THIS AFFIRMATION MUST BE COMPLETED

Government Code Section 18935:

"The board may refuse to examine or, after examination, may refuse to declare as an eligible or may withhold or withdraw from certification, prior to appointment, anyone who comes under any of the following categories:

- j. Has intentionally attempted to practice any deception or fraud in his or her application in his or her examination or in securing his or her eligibility."

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I also understand that if it is discovered that I have made any false representations, I will be removed from the list resulting from this examination and may not be allowed to compete in future examinations for State employment. If already hired from the result of this examination, I may have adverse action taken against me, which could result in dismissal.

SIGNATURE: _____

DATE: _____

NAME (PRINTED): _____

YOUR COMPLETED SUPPLEMENTAL APPLICATION MUST INCLUDE YOUR ORIGINAL SIGNATURE AND MUST BE RECEIVED OR POSTMARKED BY:

Mail Completed Supplemental Application to:

Department of Corrections and Rehabilitation
Office of Selection Services
P.O. Box 942883
Sacramento, CA 94283-0001

Or

Deliver in Person to:

Department of Corrections and Rehabilitation
Office of Selection Services
1515 "S" Street, Room 522N
Sacramento, CA 95811

NOTE:

- Candidates whose Supplemental Application is postmarked, personally delivered, or received via interoffice mail after the due date will be eliminated from this examination.
- Be sure your envelope has **adequate postage** if submitting via mail.
- Facsimiles (FAXES) will **NOT** be accepted under any circumstances.
- Make and keep a photocopy of the completed Supplemental Application for your records.
- Be sure to enter your name in the space provided at the top of EACH PAGE.

SECTION I - JOB REQUIREMENTS

Please respond to each question by marking (✓) the appropriate box. If you are unwilling or unable to comply with any of these job requirements, it will be grounds for elimination from the examination process.

	YES	NO
1. Are you willing to abide by and adhere to safety policies and provisions (e.g., wear personal alarm, carry whistle, etc.) applicable to specific work assignments?		
2. Are you willing to comply with annual tuberculosis screening requirements?		
3. Are you willing to comply with departmental training requirements?		
4. Are you willing to report staff misconduct, dangerous situations/contraband to supervisors and/or custody staff?		
5. Are you willing to treat employees/co-workers in a professional, ethical, and tactful manner?		
6. Are you willing to participate in team meetings, committees, special projects, etc. as required and/or assigned by your supervisor/manager?		
7. Are you willing to work in a team environment to complete assigned work tasks?		
8. Are you willing to work overtime as required?		
9. Are you willing to work professionally with individuals from a wide range of cultural backgrounds?		
10. Are you willing to participate in departmental legal activities (e.g., expert witness, etc.)?		
11. Are you willing to promote positive, collaborative, professional working relations among co-workers both within and outside the work unit?		
12. Are you willing to travel to work sites away from assigned work location which could require extended hours of work and/or overnight or multiple-day trips?		
13. Are you willing to maintain the confidentiality of personnel records (e.g., employment records/documents, applications, and/or examination questions, etc.)?		

SECTION II - DESIRABLE QUALIFICATIONS

Please indicate if you have any of the following certifications, training or experience by marking (✓) the appropriate box(es).

1. Three years or more analytical experience in Human Resources.	
2. Completion of the following Personnel training:	
• Salary Determinations	
• Exempt and CEA Return rights	
• Permissive Reinstatement and Transfers	
• State Personnel Board Hearing Process	
• State Personnel Board Precedential Decisions	
• What You Should Know as a Skelly Officer	
• Writing Personnel Actions	
3. Completed Staff Work/Developing Analytical Skills training.	
4. Writing Skills for Analysts.	
5. Completion of the following State Personnel Board Selection Analyst training:	
• Job Analysis	
• Statistics Made Easy for Personnel Selection	
• Professional Selection & Test Validation: Concepts and Principles	
• Examination Planning	
• Supplemental Applications	
• Developing Interviews	
• Chairing Interview Exams	
• Work Sample and Performance Tests	
• Developing and Using Written Examinations	
• Interpreting Item Analysis	
• Pass Point Setting	
• Scoring Models	

1. Conduct analyses on varied and/or sensitive/complex personnel management matters.								
2. Advise managers, employees, control agencies, and others on varied and/or sensitive/complex personnel management matters.								
3. Consult with managers, employees, control agencies, and others on varied and/or sensitive/complex personnel management matters								
4. Consult with department management, supervisory staff, and others on the interpretation and application of civil services laws and rules, court orders, and departmental personnel policies, etc.								
5. Gather data (e.g., pay, classification, and/or examination, etc.) to be used in various personnel activities (e.g., classification studies, salary realignment, examination planning/development, job analysis, etc.).								
6. Evaluate data (e.g., pay, classification, and/or examination, etc.) to be used in the formulation of a recommendation and/or plan of action regarding various personnel activities.								
7. Participate in the presentation of personnel matters before Department of Personnel Administration (DPA), State Personnel Board (SPB), employees, employee organizations, and/or other governmental entities, etc.								
8. Review proposed personnel actions (e.g., transfers/appointments [list, out-of-class, Training & Development assignments], etc.).								
9. Assist in the development of policies and procedures relating to the personnel management/selection programs of the Department.								

No Experience: I do not have any experience performing tasks in this area.

[illegible]

Note: To respond appropriately, you must refer to the scale description below and check the appropriate box for Knowledge and Experience (YOU CAN ONLY CHECK ONE BOX FOR KNOWLEDGE AND ONE BOX FOR EXPERIENCE).

No Experience: I do not have any experience performing tasks in this area.

[illegible]

SECTION III – ASSOCIATE PERSONNEL ANALYST KNOWLEDGE AND EXPERIENCE CONTINUED

	KNOWLEDGE Related to performing this task				EXPERIENCE Related to performing this task			
	Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge	Extensive Experience	Moderate Experience	Basic Experience	No Experience
Note: To respond appropriately, you must refer to the scale description below and check the appropriate box for Knowledge and Experience (YOU CAN ONLY CHECK ONE BOX FOR KNOWLEDGE AND ONE BOX FOR EXPERIENCE). <u>Extensive Knowledge:</u> I have knowledge at a level to effectively perform this task independently. <u>Moderate Knowledge:</u> I have knowledge to perform this task, but may require general supervision. <u>Basic Knowledge:</u> I have limited knowledge of how to perform this task and require direct supervision. <u>No Knowledge:</u> I do not have knowledge of how to perform this task. <u>Extensive Experience:</u> I have performed tasks in this area often. <u>Moderate Experience:</u> I have occasionally performed and/or assisted in performing tasks in this area. <u>Basic Experience:</u> I have limited experience performing tasks in this area. <u>No Experience:</u> I do not have any experience performing tasks in this area.								
35. Prepare examination documents (e.g., 511B, examination bulletins, Delegated Testing Procedure Memoranda, etc.).								
36. Develop appropriate testing instruments (e.g., Supplemental Applications, Qualification Appraisal Interviews, Education & Experience, etc.).								
37. Compose written test items.								

“PLEASE PROCEED TO THE LAST PAGE TO SIGN THE FINAL CERTIFICATION”

I CERTIFY THAT ALL ANSWERS ARE TRUE AND COMPLETE.

I UNDERSTAND THAT IF I DO NOT MEET THE LEGAL MINIMUM QUALIFICATIONS OR JOB REQUIREMENTS FOR THIS CLASSIFICATION, I MAY BE REMOVED FROM THE EXAMINATION OR MY NAME MAY BE WITHHELD FROM THE CERTIFICATION LIST.

I HAVE CHECKED THERE IS ONLY ONE BOX MARKED FOR KNOWLEDGE AND ONE BOX MARKED FOR EXPERIENCE.

PRINT NAME

SIGNATURE

DATE

By signing above, I hereby certify that all the information entered on this examination is true and complete to the best of my knowledge, and that if I have not met the legal minimum qualifications for this classification, I will be removed from the examination when this fact is determined. I understand that if this examination is not completed correctly, it will not be processed. I understand that I am responsible for the correctness of my responses in this examination.

**THIS COMPLETES THE SUPPLEMENTAL APPLICATION
SEE COVER PAGE FOR PROPER RETURNING AND MAILING PROCEDURES**